



**APPLICATION (NOTICE OF INTENT) TO OBTAIN  
COVERAGE UNDER NDPDES GENERAL PERMIT  
FOR STORMWATER DISCHARGES ASSOCIATED  
WITH CONSTRUCTION ACTIVITY (NDR10-0000)**

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SFN 19145 (01/10)

**FOR DEPT. USE ONLY**

Application No.

Date Received

**GENERAL INFORMATION**

Name of Owner of Construction Project	Contact Person Name ( Mr / Ms )	Contact Phone No.	
Mailing Address	City	State/Province	Zip Code
Name of Operator Working at Site (attach additional, if needed)	Contact Person Name ( Mr / Ms )	Contact Phone No.	
Mailing Address	City	State/Province	Zip Code

**PROJECT INFORMATION**

Name of Construction Project								
Brief Description of Construction Activity								
Project Start Date		Estimated Completion Date		Estimated Total Area of Site (acres)		Estimated Area of Disturbance (acres)		
Project Location	Street Address				City			
	OR	Township	Range	Section	1/4	1/4	1/4	County
		Latitude				Longitude		
Receiving Waters	Name of Municipal Storm Sewer System, Including Receiving Water							
	OR	Name or Description of Receiving Water						

**Stormwater Pollution Prevention Plan (SWPPP) Requirements**

Has a SWPPP been developed in accordance with Part II.C of NDR10-0000?		<input type="checkbox"/> YES <input type="checkbox"/> NO	STOP: A SWPPP must be prepared and available for review at the time of application. See Part I.D.2 of NDR10-0000 for submittal information.
SWPPP Contact (NDR10-0000, Part II.C.2.a)		SWPPP Contact Phone No.	SWPPP Location (NDR10-0000, Part III.B)

**Signature Information**

<b>RETURN COMPLETED APPLICATION TO:</b>  North Dakota Department of Health Division of Water Quality, 4 <sup>th</sup> Floor 918 East Divide Avenue Bismarck, ND 58501-1947  Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
	Printed Name of Owner(s)	Title
	Signature of Owner(s)	Date
	Printed Name of Operator(s)	Title
	Signature of Operator(s)	Date

(Attach additional pages if needed)